

Search Project: Wherritt Home Hospital

Date Begun: _____ Date Finished: _____

What to do

Date Done

Liesa ^{Thielke Cox} said Dr Wherritt had a Hospital in his home -

Call Lois Wherritt Todd for detail:

10-12-88

11

No such thing.

Small bldg to north - T&A's etc

See Doctors of
Wassatch Co
on W. Russell Wherritt
Kenedy

Ref: 1. Pers. Interview c Liesa Thielke Barlow
Steinberger Cox

11-16-88

CONSENT TO OPERATION, ADMINISTRATION OF
ANESTHETICS, AND THE RENDERING OF OTHER
MEDICAL SERVICES

Date

Hour M.

(Name of Patient)

1. I authorize and direct M.D. my
surgeon and/or associates or assistants of his choice to perform the following operation upon me

and/or to do any other therapeutic procedure that (his) (their) judgment may dictate to be advisable for the pa-
tient's well-being. The nature of the operation has been explained to me and no warranty or guarantee has been
made as to the result or cure.

2. I hereby authorize and direct the above-named surgeon and/or his associates or assistants to provide such
additional services for me as he or they may deem reasonable and necessary, including, but not limited to, the ad-
ministration and maintenance of the anesthesia, and the performance of services involving pathology and rad-
iology, and I hereby consent thereto.

3. I hereby authorize the hospital pathologist to use his discretion in the disposal of any severed tissue or mem-
ber, except

Patient's Signature

Witness

(If patient is a minor or unable to sign, complete the following:)

Patient is a minor, or is unable to sign, because

(Father)

(Guardian)

(Mother)

(Other Person and Relationship)

CONSENT TO TREATMENT

I hereby authorize my physician or physicians in charge of my care, or that of the patient named on the other
side of this sheet to administer such treatment or carry out such procedures as may be deemed necessary or advis-
able in the diagnosis and treatment of my case, or that of the named patient.

Edward Withnell
(Witness)

Signed

Walter L. Smith
(Patient or Nearest Relative)

(Witness)

(Relationship)

(Date)